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II	United States District	COURT	FILED
	SOUTHERN DISTRICT OF N	l l	MAR 2 4 2025
, , , , , , , , , , , , , , , , , , ,	SOUTHERN DISTRICT OF IN		SOUTHERN DISTRICT OF NEW YORK
MNOSI		- () (OL	VIII VIII VIII
Write the full name of	each plaintiff.	CV	
Forthett	AFOR STORES	(Include case no assigned)	umber if one has been
	-against-	COM	PLAINT
Misale	030000		ant a jury trial?
	EN ENSON	☐ Yes	
	- CT TO TO	()	A Commence of the Commence of
space, please write "se attach an additional shounds. The names listed contained in Section II. The public can access with the court should birth date; the full namber. A filing may	NOTICE selectronic court files. For privacy and a therefore not contain: an individual's fame of a person known to be a minor; of a minor's initials; and the last four digit civil Procedure 5.2.	full social security or a complete fina cial security num	number or full ncial account ber; the year of
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Rev. 1/9/17			

BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?
☐ Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff, , is a citizen of the State of
(Plaintiff's name)
· · · · · · · · · · · · · · · · · · ·
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
•
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:		
The defendant, (Defendant's nar	ne)	, is a citizen of the State of
or, if not lawfully admitted for pe subject of the foreign state of	ermanent residence	e in the United States, a citizen or
If the defendant is a corporation:		
The defendant,		, is incorporated under the laws of
the State of		
and has its principal place of busi	iness in the State of	E galleting
or is incorporated under the laws	of (foreign state)	
and has its principal place of busi	ness in	
If more than one defendant is named information for each additional defe		ittach additional pages providing
II. PARTIES		
A. Plaintiff Information	,	Me Control Marie Control
Provide the following information for pages if needed.	or each plaintiff nam	ned in the complaint. Attach additional
First Name Middl	e Initial Las	st Name
Street Address		
County, City	State	Zip Code
Telephone Number	Email Addr	ess (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:			productive control	
	First Name	Last Name	A STATE OF THE STA	
	Current Job Title (or ot	her identifying information)	a Company of the Comp	
	Current Work Address	(or other address where defe	ndant may be served)	
	County, City	State	Zip Code	
Defendant 2:		And the state of t	·	
Decemanic 2.	First Name	Last Name		
	Current Job Title (or ot	her identifying information)		
	Current Work Address (or other address where defendant may be served)			
	County, City	State	Zip Code	
Defendant 3:		***************************************		
	First Name	Last Name		
	Current Jøb Title (or ot	her identifying information)		
	Current Work Address (or other address where defendant may be served)			
	County, City	State	Zip Code	

	Defendant 4:			
		First Name	Last Name	
		Current Job Title (or	other identifying information)	
		Current Work Addres	ss (or other address where defend	dant may be served)
		County, City	State	Zip Code
	III. STATEME	NT OF CLAIM		
	Place(s) of occurr	rence:		
	Date(s) of occurr	ence:		
	FACTS:		A C	
	State here briefly harmed, and who	/ the FACTS that suppo at each defendant per	ort your case. Describe what har sonally didlor failed to do that h	ppened, how you were armed you. Attach
	additional pages	if needed.		JAN JAN BOOK
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	The state of the s		
INJURIES:			
If you were injured as a result of treatment, if any, you required	and received.	cribe your injuries	and what medical
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	,		
	-		
		•	
IV. RELIEF			
State briefly what money dama	ges or other relief y	ou want the court	to order.
,			
			·
	-		

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are sup ported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

Dated

Plaintiff's Signature

First Name

Middle Initial

Last Name

Street Address

County, City

State

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

☐ Yes

□ No